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THE NURSING OF NERVOUS PATIENTS

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There is little need to explain why many nurses do not care to take up the nursing of nervous patients. The slow and uncertain results, the deadly monotony of hearing the same complaints day in and day out, the fault finding, the lack of appreciation, the long hours, when tact is the incessant requisite, tend to wear out the nurse in body and spirit.

Is there a nurse who has not heard from instructors or patients that an illness is a necessary part of the course of training, or that to be a good nurse one should suffer the things that the patients suffer? We do not care to hear it, but there is truth in it. In our preparation for efficient work we do not care to take time for a nervous breakdown in order to understand what this class is suffering, but cannot the anguish of fear, such as nearly every woman has experienced at some time, be recalled vividly enough to make her appreciate what a nervous patient undergoes? Have not most of us been startled in the night by something? We are not even sure it is a noise. We seem paralyzed. Cautiously we open our eyes and peer into the surrounding darkness. Nothing can be distinguished because of the dense blackness. When long minutes have passed, courage begins to revive and we decide that after all nothing is wrong. Suddenly we hear an inexplainable noise. There must be something in the room. The minutes seem hours. We are stiff and motionless. If only the door at the end of the hall would slam as it does so frequently in the daytime; even a dog bark would be appreciated. A seemingly endless night passes and the first light of morning appears. There on a table, where a fitful breeze can play with them, are some innocent papers. The horror is gone and sleep comes. Presently the door slams. "How careless," we think. It is time to get up.

Our feelings during those awful moments of wakefulness are the same as those experienced by the nervous patient much of the time. Remembering this, will the nurse tell her patient to stop fussing, that his troubles are only imaginary; or will she tell him that she understands and that for him also, daylight is coming? Cannot nurses give intelligent sympathy to these patients instead of taking a distant, superior attitude to them, or giving an emotional sympathy devoid of understanding? Sympathy which causes the individual to magnify his sufferings is especially detrimental to the nervous,

although this class of patients does not usually recognize the harm. They do not appreciate the attitude taken by the person who, knowing that an ordeal of physical suffering is before him, wishes the members of the family to leave him to the care of doctors and nurses so that he may not have his fortitude weakened by their emotional signs of sympathy. Even a child will sometimes feel the possibility of showing greater courage when the loving mother is not present. A little girl in the kindergarten who had to be vaccinated at first objected. Next morning she came down stairs and announced that, if it must be done, she was going alone to the family physician's office. She was finally persuaded to allow a young brother to accompany her.

Do nurses know what to do for nervous patients? There are general rules for the nursing of surgical, medical and obstetrical cases. There are also rules of the individual physician for his patients: Dr. A. will use only a certain kind of dressing; Dr. B. a different kind; Dr. C. has his patient fed every two hours, but Dr. D. half hourly, even though the diagnosis is the same in each case. How much more complex is the care of neurotic patients. A nurse should familiarize herself with the general methods of the neurologist under whom she is working and with the individual treatment of the patients. When a nurse is caring for a single patient, the physician in charge will probably explain the case and the line of treatment which he wishes carried out. The successful neurologist recognizes the necessity for this. If, however, it is overlooked by the physician, the nurse need not hesitate to ask for a few minutes of the busy man's time for it will pay in the end. Mechanical treatments prescribed, as different neurologists have found them beneficial, are but a small part of the duties of the nurse. These mechanical treatments simplify matters for the nurse as they take up considerable time, but it may be that isolation is the principal or the only treatment prescribed. Isolation with a patient demands much from the nurse. A nurse who has taken every opportunity to broaden her knowledge of science, literature, art, and practical affairs, has a valuable store in which to find something to adapt to her patient's need of diversion. Care should be taken, of course, not to bore a patient by attempts to entertain.

Nurses, who gain the patients' respect and confidence and make them feel that their welfare is the first consideration, get the most successful results. Selfishness is a symptom of a neurosis just as headache is a symptom. Affairs which concern other persons are likely to annoy. Therefore, nurses find it best to eliminate their personal interests when caring for patients, never talking among

themselves of anything that would indicate that they are only half interested in what they are doing. One of the quickest ways to get patients to think of their own needs is for the nurse to draw one of her own letters from her pocket and begin to read it. The atmosphere should be one of unity and never a hint of friction among nurses should come to patients. Absolute coöperation is necessary.

We watch our patients but it is just as necessary to watch ourselves. If we think how things would appear to us, were we the patients, it will be a great help in making us the adaptable women that we should be.

It will be necessary to have the patients do many things which are difficult for them, either because they believe they cannot or because they do not wish to do them, and it will make it much easier for the nurse if they feel that she is not a slacker. Nervous patients are quick to notice whether or not the nurse is willing to help.

Firmness on the part of the nurse, instead of being a hardship for the patient is, in a great measure, a source of comfort as well as benefit. To patients physically incapacitated, the assistance of the nurse who handles her patients with a firm hand, gives less distress than the touch of one who jerks and twists, tries and fails to accomplish the turning of a pillow, the change of clothing, or the removal of bandages. To the patient who feels his indecision, his tendency to do unwise things, or his fear or dislike of doing what the physician orders, the firmness of the nurse, knowing her interest in his welfare, may be a joy. Firmness and gentleness are not incompatible and they are found in many nurses.

Lies told to patients do not help. We are taught as children, "Be sure your sin will find you out"—and it will. A patient who was looking for amusement to while away the tedious hours, afterward told with glee of the lies she caused the hospital staff to tell. She asked for information which she knew from former hospital experience the nurse would be unwilling to impart. She interrogated separately each doctor and each nurse who came to her room and amused herself by comparing the answers. By careful sifting and piecing, she secured quite a full report on a subject which was none of her business. She was a surgical patient and went home in a few days, her recovery in no way retarded by her knowledge of the lies told her by those caring for her. The nervous patient who discovers that an untruth has been told him by the nurse may have his confidence in her so broken as to undo the work of many weeks. At the time it may be much easier to tell the untruth than to take the trouble of answering in a way which withholds the desired information and still does not irritate the patient; but the resulting harm be irreparable.

A great deal of tact is required in nursing, and especially in nursing nervous patients. You all know the story,—it is not new,—of the well meaning woman who wished to show friendliness to a neighbor who had recently become a widow. The husband had ended his life by hanging himself from the rafters. In spite of the protests of the family, who knew her blundering ways, she insisted on making a call. She promised to be extremely tactful. The weather seemed to be a safe topic of conversation, but, unfortunately, the weather had been stormy and the widow had been unable to dry her family wash. "I do not see why you should have any trouble of that kind," said the woman, "you have such a good attic in which to hang things." A tactful nurse will avoid conversation which brings back unpleasant memories. She will anticipate disagreeable treatments and events which the patient is dreading and by her thoughtful explanations prepare and smooth the way for them.

Watching symptoms and finding causes for them are very important. The nurse has many opportunities for observation which the doctor has not. It is far better to make an unnecessarily full report than to omit one important item.

Some one has said that patience is a form of laziness. If patience amounts to nothing more than letting everything that is hard and disagreeable slide by without trying to change or influence the results, it may be laziness. The dictionary, however, says that to be patient is to be calmly diligent. Difficult as patience is to get and keep, it is necessary for this work. Scolding or shortness with a patient produces irritation, not appreciation. For the nurse to exhibit impatience, detracts from the respect which she should command. It is usually only a vent for her feelings. The nurse who is interested in her work and who has sufficient recreation will find it comparatively easy to keep cheerful and even-tempered for her patients.

Nervous nursing may be more difficult than surgical or medical nursing, but hard tasks are for the willing and the ambitious.

The Missouri bill for state registration was signed by the Governor on April 15th. We shall hope to publish the text of the bill in the June Journal. This is the first bill which is a licensing measure; it requires that no one may nurse the sick for hire who has not received a state license. There is, of course, a waiver making provision for nurses of all classes now in the field.